

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/735,446
Filing Date	December 13, 2000
First Named Inventor	Thomas P. MURPHY et al.
Art Unit	3622
Examiner Name	Jeffery D. Carlson
Attorney Docket Number	56945.000004
Total Number of Pages in This Submission	

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Petition for Extension of Time
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kevin T. Duncan, Reg. No. 41,495
Signature	
Date	March 14, 2005 (Monday)

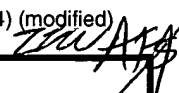
## CERTIFICATE OF TRANSMISSION/MAILING

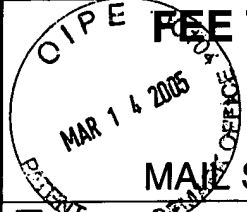
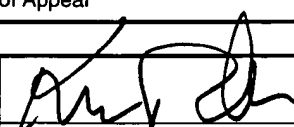
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



 <b>FREE TRANSMITTAL</b> For FY 2005 <b>MAIL STOP Appeal Brief</b>		Complete If Known				
		Application No.		09/735,446		
		Filing Date		December 13, 2001		
		First Named Inventor		Thomas P. MURPHY		
		Examiner Name		Jeffrey D. Carlson		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
Total Amount Of Payment		(\$)		760.00		
Art Unit		3622		Attorney Docket No.		
				56945.000004		
<b>METHOD OF PAYMENT</b> (check all that apply)						
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (identify): _____						
<input checked="" type="checkbox"/> Deposit Account            Deposit Account Number <b>50-0206</b> Deposit Account Name : <b>Hunton &amp; Williams LLP</b>						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below. <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>						
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments.						
<b>FEE CALCULATION</b>						
<b>1. BASIC FILING, SEARCH AND EXAMINATION FEES</b>						
	FILING FEES		SEARCH FEES		EXAMINATION FEES	
		Small Entity		Small Entity		Small Entity
<u>Application Type</u>	<u>Fee(\$)</u>	<u>Fee (\$)</u>	<u>Fee(\$)</u>	<u>Fee (\$)</u>	<u>Fee(\$)</u>	<u>Fee (\$)</u>
Utility	300.00	150.00	500.00	250.00	200.00	100.00
Design	200.00	100.00	100.00	50.00	130.00	65.00
Plant	200.00	100.00	300.00	150.00	160.00	80.00
Reissue	300.00	150.00	500.00	250.00	600.00	300.00
Provisional	200.00	100.00	0.00	0.00	0.00	0.00
<b>2. EXCESS CLAIMS FEES</b>						
<u>For</u>	<u>Number Present</u>	<u>Highest Number Paid For</u>	<u>Extra</u>	<u>Fees (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Total Claims		20	0 x	50.00	25.00	
Independent Claims		3	0 x	200.00	100.00	
Multiple Dependent Claim				360.00	180.00	
Total Excess Claims Fees						
<b>3. APPLICATION SIZE FEE</b> (if the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).)						
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of Each Additional 50 or Fraction Thereof</u>	<u>Fees (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>	
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	250.00	125.00		
<b>4. OTHER FEE(S)</b>						
<input type="checkbox"/> Non-English Specification (no small entity discount)			<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)			
<input checked="" type="checkbox"/> <b>THREE</b> Month Extension of Time <b>510.00</b>			<input type="checkbox"/> Petition to Commissioner			
<input type="checkbox"/> Submission of Information Disclosure Statement			<input type="checkbox"/> Petition to Revive (Unavoidable)			
<input type="checkbox"/> Notice of Appeal			<input type="checkbox"/> Petition to Revive (Unintentional)			
<input type="checkbox"/> Request for Oral Hearing			<input type="checkbox"/> Petitions Related to Provisional Applications			
<input checked="" type="checkbox"/> Filing Brief in Support of Appeal <b>250.00</b>			<input type="checkbox"/> Recording Each Patent Assignment Per Property			
<b>SUBMITTED BY</b>						
Signature			Registration No.	41,495	Telephone	(703) 714-7400
Typed or Printed Name	Kevin T. Duncan				Date	March 14, 2005 Monday